

# Douglas County Salary Redirection Agreement Form for Flexible Benefit Elections

Plan Year: January 1, 2011 through December 31, 2011

## EMPLOYEE INFORMATION:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Department: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BENEFICIARY DESIGNATION

*Unless a Designation of Beneficiary is in effect at the time an amount becomes payable to a Beneficiary, the amount will be paid to my next of kin, estate, or Beneficiary's estate.*

Primary Beneficiary: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## FLEXIBLE BENEFIT PLANS

*Upon completing and signing this form I elect to participate in Flexible Spending Account(s) (FSA). I authorize payroll deductions to be made from my salary in the amounts indicated below, continuing until this elections is amended, terminated, or until the Plan Year ends per IRS guidelines.\**

**Effective January 1, 2011, all over-the-counter medicines and drugs will require a physician's prescription to be eligible for reimbursement under medical Spending accounts.**

### MEDICAL REIMBURSEMENT

(\$3,500.00 Maximum)

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
Dollar Amount Per Payroll      Over 26 Pay      2011 Annual Election  
Deduction      Periods

### DEPENDENT CARE

(\$5,000.00 per Family or \$2,500.00 Individual Maximum)

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
Dollar Amount Per Payroll      Over 26 Pay      2011 Annual Election  
Deduction      Periods

### QUALIFIED PARKING

(\$230.00 Maximum)

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
Dollar Amount Per Payroll      Over 26 Pay      2011 Annual Election  
Deduction      Periods

### MASS TRANSIT (BUS)

(\$115.00 Maximum)

\$ \_\_\_\_\_      \$ \_\_\_\_\_  
Dollar Amount Per Payroll      Over 26 Pay      2011 Annual Election  
Deduction      Periods

## IN REGARD TO FLEXIBLE SPENDING ACCOUNTS:

*\* On or after the first day of the plan year, I understand I cannot change or revoke this Salary Redirection Agreement with respect to pre-tax deductions before the next anniversary date of the plan unless a "change in status" occurs (as defined under the Plan and the Internal Revenue Codes), and the change is caused by and consistent with the "change in status."*

*\*I verify that I understand that a summary of the tax rules, operational guidelines and reimbursement procedures of Medical and Dependant Care FSA plans are available by request from the Human Resource office. I understand the Plan Document will control notwithstanding any contrary oral representation by any person and that reimbursement(s) will be available only for eligible expenses, and I agree to notify the employer if I receive reimbursement for an expense that does not qualify. I also agree, upon demand, to indemnify and reimburse my employer for any liability it may incur for failure to withhold taxes from any reimbursement I receive for non-qualified expenses, up to the amount of additional tax owed by me. Furthermore, I understand that any account surplus at the end of the plan year shall be retained by my employer and such amounts may (but are not required to) be used to offset administrative expenses or future costs, and that the obligation to make reimbursements is the responsibility of my employer and not any service provider hired by my employer to assist in processing claims. I acknowledge that expenses may be administered through and electronic payment card ("the Card") and agree to abide by the terms and conditions of the Plan with regard to such card usage and the electronic payment cardholder agreement, including limitations to Card usage, and the Plan's right to withhold and offset for ineligible claims, etc. I also agree to use the Card exclusively for Medical FSA expenses and to retain paper documentation for any claims adjudicated by the Card. I understand the Card can only be used to make payments for dates-of-service provided in the current plan year only.*

***\*When electing a Consumer Driven Health Plan (CDHP) I understand that if I choose to elect a Medical Spending account it will be a Limited Purpose Medical Spending Account, which will restrict reimbursements to only permitted service such as vision or dental expenses.***

DATE

SIGNATURE